

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90240 006 ***150.00

04/23/03 AV

DOCUMENT # M76623

1. Entity Name

VILLA MARINA, INC.



Principal Place of Business

13044 66TH ST N

LARGO FL 33773

US

Mailing Address

500 LILLIAN DRIVE

MADEIRA BEACH FL 33708

2. Principal Place of Business

1723 LAKEWOOD RANCH BLVD

3. Mailing Address

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
BRADENTON, FL

City & State

4. FEI Number

59-2888738

Applied For

Not Applicable

Zip
34211

Country
MANATEE

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLANDREA, ANTONIO
13044 66TH ST N
K-MART SHOPPING CENTER
LARGO FL 33773

Name

Street Address (P.O. Box Number is Not Acceptable)
1723 LAKEWOOD RANCH BLVD

City
BRADENTON

FL

Zip Code
34211

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME COLANDREA, ANTONIO
STREET ADDRESS 500 LILLIAN DRIVE
CITY-ST-ZIP MADEIRA BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME COLANDREA, S. MARINA
STREET ADDRESS 500 LILLIAN DRIVE
CITY-ST-ZIP MADEIRA BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME COLANDREA, STEFANO
STREET ADDRESS 2173 BURNICE DR
CITY-ST-ZIP CLEARWATER FL 33764

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME COLANDREA, IVANO
STREET ADDRESS 2173 BURNICE DR
CITY-ST-ZIP CLEARWATER FL 33764

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME VERILO, PAULO
STREET ADDRESS 12042 TWIN BRANCH ACRES ROAD
CITY-ST-ZIP TAMPA FL 33626

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME VERILO, LAURA
STREET ADDRESS 12042 TWIN BRANCH ACRES RD
CITY-ST-ZIP TAMPA FL 33626

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE RECORDED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-03

CR2E034 (10/02)